| Asia Pacific Medico Legal Agencies Membership Application |
| --- |
| Applicant Information |
| Name: |
|  | Email: | Phone: |
| Job Title: |
| Role:  |  |  |
|  |  |  |
| INSTITUTION DETAILS |
| Institution Name: |
| Address: |  |
| Phone: | E-mail: | Web site: |
| City: | State: | ZIP Code: |
| Government Ministry | Institution Head: | Email: |
| Forensic medical Services PROVISION |
| Number of Forensic Pathologists: Please indicate if these doctors also do forensic medical workSuch as examination of victims of violence: Yes: No :  |
| Number of forensic clinicians :  | Number of forensic nurses: |
| Number of mortuary technicians: | Number of forensic anthropologists: | Number of forensic Odontologists: |
| Number of autopsies per annum: | Number of patients examined: |
| **Tick forensic medical services provided:*** Autopsies and medico-legal reporting

 * Forensic radiology
* Examination of victims of violence including sexual assault
* Forensic odontology
* Forensic anthropology
* Toxicology
* Molecular biology (DNA profiling)
* Appearing as an expert witness in court
 | **Identify forensic medical training priorities**: |
| Additional Institutional nominees |
| Name: |
| Job Title:  |  | Email address: |
|  |
| Name:  |
| Job Title: | Email address:  |
| Name  | E-mail: | Job title: |
| Name: | Email: | Job title: |
| Name: | Email: | Job title: |
|  |
|  |  |  |
|  |  |  |
|  |  |  |
| Hosting Trainers |
| Would your institution be interested in hosting short term training placements by forensic clinicians and mortuary technicians? |  |
|  |  |
| Signature |
| I authorize the application for membership of the APMLA and verify the information provided on this form. |
| Name :Signature of applicant: | Date: |